

## BACKGROUND & SUMMARY INFORMATION

NAME Kevin Patrick Walter

STREET ADDRESS 6289 Ross Bend

CITY Dublin STATE OH ZIP CODE 43016

OFFICE SOUGHT Dublin City Council At-Large

NAME OF TREASURER KP Walter

### TYPE OF REPORT

☐ 32 DAYS PRIOR TO ELECTION

☒ 11 DAYS PRIOR TO ELECTION

☐ 38 DAYS FOLLOWING ELECTION

Cumulative total of all contributions received,  
from campaign start through current report  
date

(from Statement of Contributions Received  
total)

\$ 5,570.00

Cumulative value of all in-kind contributions received,  
from campaign start through current report  
date

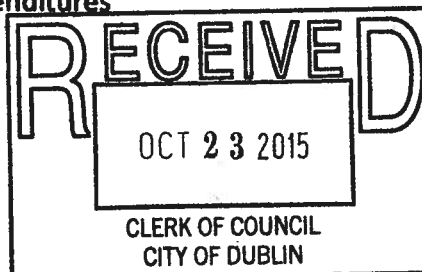
(from Statement of In-Kind Contributions Received  
total)

\$ 0

Cumulative total of all expenditures made,  
from campaign start through current report  
date

(from Statement of Expenditures  
total)

\$ 4,167.93



**SIGNATURE**

By signing below, I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful and correct disclosure of all required information.

Name: Kevin Patrick Walter

Date: 10/23/15

Signature: 

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Walter4Dublin</b>									
Full Name of Contributor <b>Barbara Kadunc</b>						Registration Number, if PAC			
Street Address <b>PO Box 1226</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>75.00</b>		
Full Name of Contributor <b>Christina Heinlen</b>						Registration Number, if PAC			
Street Address <b>6440 Green Stone Loop</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>100.00</b>		
Full Name of Contributor <b>Lisa Judson</b>						Registration Number, if PAC			
Street Address <b>8018 Summerhouse Dr. W</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>100.00</b>		
Full Name of Contributor <b>Peter L Coratola Sr.</b>						Registration Number, if PAC			
Street Address <b>8330 Strasbourg Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>250.00</b>		
Full Name of Contributor <b>Nicoletta Leib</b>						Registration Number, if PAC			
Street Address <b>8564 Crail Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>100.00</b>		
Full Name of Contributor <b>Howard Baulch</b>						Registration Number, if PAC			
Street Address <b>6168 Inverurie Dr E</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>250.00</b>		
Full Name of Contributor <b>Mark Mace</b>						Registration Number, if PAC			
Street Address <b>6469 Greenstone Loop</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>75.00</b>		
Full Name of Contributor <b>David Grimm</b>						Registration Number, if PAC			
Street Address <b>8148 Grafton End</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43016</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>100.00</b>		

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Walter4Dublin</b>									
Full Name of Contributor <b>Lekha Shah</b>						Registration Number, if PAC			
Street Address <b>6268 Bellow Valley</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>250.00</b>		
Full Name of Contributor <b>Dominique A Brunet</b>						Registration Number, if PAC			
Street Address <b>6816 Enfield Trace</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>25.00</b>		
Full Name of Contributor <b>John Hardt</b>						Registration Number, if PAC			
Street Address <b>7070 Gorden Farms Pkwy</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>250.00</b>		
Full Name of Contributor <b>Nancy R Gernstetter</b>						Registration Number, if PAC			
Street Address <b>4689 Donegal Cliffs Dr</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>50.00</b>		
Full Name of Contributor <b>Kelly Ackert</b>						Registration Number, if PAC			
Street Address <b>8597 Finlarig Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>50.00</b>		
Full Name of Contributor <b>Betty Blumenauer</b>						Registration Number, if PAC			
Street Address <b>6004 Kirkwall Ct.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>20.00</b>		
Full Name of Contributor <b>Tim Spencer</b>						Registration Number, if PAC			
Street Address <b>8094 Holyrood Court</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>75.00</b>		
Full Name of Contributor <b>David Grimm</b>						Registration Number, if PAC			
Street Address <b>8148 Grafton End</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43016</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>100.00</b>		

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Walter4Dublin</b>									
Full Name of Contributor <b>Thomas Hickey</b>						Registration Number, if PAC			
Street Address <b>8692 Tartan Fields Dr.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>50.00</b>		
Full Name of Contributor <b>Rich Taylor</b>						Registration Number, if PAC			
Street Address <b>4500 Belair Ave</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>250.00</b>		
Full Name of Contributor <b>Jill Thomas</b>						Registration Number, if PAC			
Street Address <b>3173 Martin Road</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>25.00</b>		
Full Name of Contributor <b>Jodi Rhodes</b>						Registration Number, if PAC			
Street Address <b>6475 Green Stone Loop</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>50.00</b>		
Full Name of Contributor <b>Paul Swift</b>						Registration Number, if PAC			
Street Address <b>6181 Memorial Dr</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>100.00</b>		
Full Name of Contributor <b>Robert Boich</b>						Registration Number, if PAC			
Street Address <b>7590 Bellaire Ave</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>150.00</b>		
Full Name of Contributor <b>Julie Stoddard Smith</b>						Registration Number, if PAC			
Street Address <b>6258 Memorial Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>50.00</b>		
Full Name of Contributor <b>David Grimm</b>						Registration Number, if PAC			
Street Address <b>8148 Grafton End</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43016</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>100.00</b>		

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Page Total \$ 775.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Walter4Dublin</b>									
Full Name of Contributor <b>William Bownas</b>						Registration Number, if PAC			
Street Address <b>7365 Bellaire Ave</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>200.00</b>		
Full Name of Contributor <b>Brendan Kelly</b>						Registration Number, if PAC			
Street Address <b>111 W 1st Ave, Apt 12</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43201</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>25.00</b>		
Full Name of Contributor <b>Daniel Walter</b>						Registration Number, if PAC			
Street Address <b>738 Decker Road</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Georgia</b>	State <b>V</b>	I <b>I</b>	Zip Code <b>05468</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>50.00</b>		
Full Name of Contributor <b>Michelle Thomas</b>						Registration Number, if PAC			
Street Address <b>6321 Ross Bend</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>150.00</b>		
Full Name of Contributor <b>Cap Clegg</b>						Registration Number, if PAC			
Street Address <b>5334 McGinty Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>100.00</b>		
Full Name of Contributor <b>Mark Dewalt</b>						Registration Number, if PAC			
Street Address <b>8851 Sunart Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>100.00</b>		
Full Name of Contributor <b>Timothy Spencer</b>						Registration Number, if PAC			
Street Address <b>8094 Holyrood Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>50.00</b>		
Full Name of Contributor <b>David Grimm</b>						Registration Number, if PAC			
Street Address <b>8148 Grafton End</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43016</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>100.00</b>		

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Page Total \$ 775.00



# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Walter4Dublin</b>							
Full Name of Contributor <b>Suhail Zidan</b>						Registration Number, if PAC	
Street Address <b>6296 Ross Bend</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dublin</b>			State <b>O   H</b>		Zip Code <b>43017</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Pat Grabill</b>						Registration Number, if PAC	
Street Address <b>2970 Arbuckle Rd NW</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>London</b>			State <b>O   H</b>		Zip Code <b>43140</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Scott Wood</b>						Registration Number, if PAC	
Street Address <b>34 Pepperbush Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>Amston</b>			State <b>C   T</b>		Zip Code <b>06231</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Julie Helmreich</b>						Registration Number, if PAC	
Street Address <b>6600 Deeside Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>Dublin</b>			State <b>O   H</b>		Zip Code <b>43017</b>		Amount <b>100.00</b>
Full Name of Contributor <b>David Monte</b>						Registration Number, if PAC	
Street Address <b>8880 Lea Ct</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dublin</b>			State <b>O   H</b>		Zip Code <b>43017</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Donna O'Connor</b>						Registration Number, if PAC	
Street Address <b>5065 Winchell Ct</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dublin</b>			State <b>O   H</b>		Zip Code <b>43017</b>		Amount <b>100.00</b>
Full Name of Contributor <b>David Gonzalez</b>						Registration Number, if PAC	
Street Address <b>8440 Arbory Hill Court</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>Dublin</b>			State <b>O   H</b>		Zip Code <b>43017</b>		Amount <b>150.00</b>
Full Name of Contributor <b>David Grimm</b>						Registration Number, if PAC	
Street Address <b>8148 Grafton End</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>Dublin</b>			State <b>O   H</b>		Zip Code <b>43016</b>		Amount <b>100.00</b>

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Page Total \$ 1,300.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Walter4Dublin</b>							
Full Name of Contributor <b>Tom Holton</b>					Registration Number, if PAC		
Street Address <b>5957 Roundstone Pl</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O</b>	H	Zip Code <b>43016</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>75.00</b>
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Walter4Dublin</b>												
To Whom Paid <b>Stripe</b>						M	D	Y	Amount			
						1	0	0	1	1	5	85.65
Address <b>3180 18th St</b>				Purpose <b>Credit Card Processing Fees</b>								
City <b>San Francisco</b>				State <b>C   A</b>		Zip Code <b>94110</b>		Check Number <b>Stripe Fee</b>				
To Whom Paid <b>BMI FCU</b>						M	D	Y	Amount			
						0	8	1	8	1	5	3.00
Address <b>6165 Emerald Pkwy</b>				Purpose <b>Cahsiers Check Fee</b>								
City <b>Dublin</b>				State <b>O   H</b>		Zip Code <b>43016</b>		Check Number				
To Whom Paid <b>Dublin Scioto Touchdown Club</b>						M	D	Y	Amount			
						0	8	1	8	1	5	400.00
Address <b>6556 Birchton</b>				Purpose <b>Football Program Advertising</b>								
City <b>Dublin</b>				State <b>O   H</b>		Zip Code <b>43016</b>		Check Number <b>244730</b>				
To Whom Paid <b>GoDaddy</b>						M	D	Y	Amount			
						0	4	0	1	1	5	25.36
Address <b>14455 N Hayden Rd</b>				Purpose <b>Domain Services</b>								
City <b>Scottsdale</b>				State <b>A   Z</b>		Zip Code <b>85260</b>		Check Number <b>PayPal</b>				
To Whom Paid <b>GoDaddy</b>						M	D	Y	Amount			
						0	7	2	8	1	5	13.01
Address <b>14455 N Hayden Rd</b>				Purpose <b>Domain Services</b>								
City <b>Scottsdale</b>				State <b>A   Z</b>		Zip Code <b>85260</b>		Check Number <b>PayPal</b>				
To Whom Paid <b>GoDaddy</b>						M	D	Y	Amount			
						0	7	3	1	1	5	52.68
Address <b>14455 N Hayden Rd</b>				Purpose <b>Domain Services</b>								
City <b>Scottsdale</b>				State <b>A   Z</b>		Zip Code <b>85260</b>		Check Number <b>PayPal</b>				
To Whom Paid <b>GoDaddy</b>						M	D	Y	Amount			
						0	8	1	0	1	5	13.17
Address <b>14455 N Hayden Rd</b>				Purpose <b>Domain Services</b>								
City <b>Scottsdale</b>				State <b>A   Z</b>		Zip Code <b>85260</b>		Check Number <b>PayPal</b>				
To Whom Paid <b>Jason Marshall</b>						M	D	Y	Amount			
						0	7	2	0	1	5	250.00
Address <b>3574 Whisper Creek Dr</b>				Purpose <b>Website Hosting and Admin Services</b>								
City <b>Columbus</b>				State <b>O   H</b>		Zip Code <b>43231</b>		Check Number <b>PayPal</b>				

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Walter4Dublin</b>									
To Whom Paid <b>Constant Contact</b>						M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>81.13</b>
Address <b>1601 Trapelo Rd</b>		Purpose <b>Email Marketing</b>							
City <b>Waltham</b>	State <b>M</b>	A <b>A</b>	Zip Code <b>02451</b>	Check Number <b>PayPal</b>					
To Whom Paid <b>Integrated Marketing Solutions</b>						M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>3,228.73</b>
Address <b>55 S High St</b>		Purpose <b>Campaign Collateral Materials</b>							
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	Check Number <b>247515</b>					
To Whom Paid <b>BMI FCU</b>						M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>3.00</b>
Address <b>6165 Emerald Parkway</b>		Purpose <b>Cashiers Check Fee</b>							
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	Check Number <b>247515</b>					
To Whom Paid <b>Stripe</b>						M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>12.20</b>
Address <b>3180 18th St</b>		Purpose <b>Credit Card Processing Fees</b>							
City <b>San Francisco</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94110</b>	Check Number <b>Stripe Fee</b>					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State		Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State		Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State		Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State		Zip Code	Check Number					